



**Spartan Chemical Company, Inc.**  
Manufacturer of Guaranteed Specialty Maintenance Products

September 19, 2011

I023297  
-001

Document Processing Desk-6(a)(2)  
Office of Pesticide Programs- (7504P)  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Ave. N.W.  
Washington, D.C. 20460

**Subject: FIFRA 6(a)(2) Submission: 20110919 HC Steriphene II**

Date of Transmittal: September 19, 2011  
Name of Submitter: Spartan Chemical Company, Inc.  
Registrant: Spartan Chemical Company, Inc.  
EPA Company Number: 5741  
Type/s of Incidents Reported: HC  
Time Period Covered: 9/16//2011

The Incident Reports submitted with this letter cover the following product/s:

<u>Product Name:</u>	<u>EPA Reg. No.:</u>	<u># of Incidents Reported:</u>
Steriphene II	5741-22	One

A FIFRA 6(a)(2) Adverse Incident Reporting Form has been attached for this product.

Any questions regarding this submission should be directed to me at 800-537-8990.

Sincerely,  
SPARTAN CHEMICAL COMPANY, INC.

Ronald T. Cook  
Manager, Regulatory Affairs

cc: William Schalitz



CASE EXPLORER  
Navigate :: Case Search :: Case List ::

Case Report - 1-27455332

**Client Name:** Spartan Chemical**Case Number:** 1-27455332**Case Created Date/Time:** 9/16/2011 2:19:54 PM**Call Type:** Exposure

6(a)(2) Incident Report: HC- Moderate Human Injury  
 Spartan Chemical Company, Inc., Company EPA No.: 5741  
 Spartan EPA Report ID No.: 20110919 HC Steriphene II  
 EPA Reg. No.: 5741-22  
 Submission Date: 9/19/2011  
 Company Contact: Ron Cook  
 Phone No.: 800-537-8990 x 271

**Caller Information****Caller's Name:** [REDACTED]**Relation to the Patient:** Self**Caller Address:** Indiana USA**Caller Phone:** [REDACTED]**Reason for Missing Information:** NA**Caller Fax:****Caller Email:****Patient Information****Patient's Name:** [REDACTED]**Patient Address:****Patient Phone:****Age/Gender:** Unknown Adult (18-64)/F**Weight:****Species/Breed:** Human**Exposure Route:** Inhalation

Symptoms to Date	Time From Exposure to Symptom Onset
Visual defect	Unable to determine

**Duration of Symptoms:** Unknown**Management Site:** On-site**Lab Results:****Severity Assessment:** Moderate**Case Priority:** High**Product Information****Product Name:** Steriphene II Brand Disinfectant Deodorant**Active Ingredient:****UPC Code:****FIFRA 6(a)(2) Product:** Yes**FDA Product:** No**Exposed to Concentrate:** NA**Lot #:****EPA #:** 5741-22**Aware Date:** 9/16/2011**Circumstances****Exposure Site:** Own Residence**Packaging Issues:** NA**When Exposure Occurred:** 15 Minutes ago**Exposure Reason:** Unknown Reason**Notes****Date/Time:** 9/16/2011 2:20:21 PM**Name of Specialist:** John Flaagan**History:** Steriphene II

HX: The caller reports short term vision loss in one eye following a possible inhalation exposure. The caller was unable to describe a discreet exposure incident. The caller stated her vision loss had spontaneously resolved.

A: Vision loss would not be expected following respiratory exposure to this product. I would recommend you see your doctor

- Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath.
- Adverse health effects are typically limited to the upper respiratory tract and resolve without affecting other body functions.
- The patient should be removed from the source of the fumes and placed in an area with fresh air and adequate ventilation.
- Ventilate the area by opening outside doors and windows. Consider adding portable fans until the odor has dissipated. You may also wash treated surfaces with an appropriate household cleaner.
- Patients who smoke or have underlying respiratory conditions may experience more pronounced symptoms that require medical attention. Inhalers or nebulizer therapy indicated for acute respiratory symptoms may be used in the prescribed manner as symptoms dictate.
- Seek medical attention if the patient's symptoms do not resolve within the next 30 minutes. If the patient develops shortness of breath or difficulty breathing, call 911.
- Please call back with any additional questions or concerns.

**Date/Time:** 9/17/2011 7:01:47 AM**Name of Specialist:** Kia Benson**History:** reviewed**Next follow up date:** Call backs complete

